

Filed DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **42807**

BIRTH NO. <b>#116240</b>		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10464</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2209</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Louis City Hospital #1. 20</b>				d. STREET ADDRESS (If rural, give location) <b>3522 N. 22nd St.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MATHILDA</b>		b. (Middle) <b>A</b>		c. (Last) <b>SCHLUETER</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> <input checked="" type="checkbox"/>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 7th, 1950</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>March 21, 1869</b>		9. AGE (In years last birthday) <b>81</b> If under 1 year: Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Heidemann</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Herman H? Schlueter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lulu Hermeling 4456 Margaretta Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>832X</b>			
22. I hereby certify that I attended the deceased from <b>10/28/50</b> , 19 <b>50</b> , to <b>12/7/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12/7/50</b> , 19 <b>50</b> , and that death occurred at <b>1:25am</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John R. Beem</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>12/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 8 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Kuster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Henke 4911 Washington Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Robert M. Murray*

Student Embalmer No.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.